



P.O. Box 1068  
Decatur, IL 62525  
800-798-2422 (toll free)  
217-423-4575 (fax)

**Williamson County Reimbursement Plan Claim Form**

Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Employee Phone Number: \_\_\_\_\_

Name of Participant Claim is being submitted for: \_\_\_\_\_

Participant ID Number if different from above: \_\_\_\_\_

Please attach the explanation of benefits from your primary insurance company.

Please mail or fax claims to the above address.